

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES COMMUNITY FOOD AND NUTRITION ASSISTANCE SUMMER FOOD SERVICE PROGRAM

WEEKLY CONSOLIDATED MEAL COUNT

Site Name and Address:	Site Name and Address:												Week of:					
	Monday			Tuesday			Wednesday			Thursday			Friday			Weekly Totals		
	Brfst	Lunch	Snack	Brfst	Lunch	Snack		Lunch	Snack	Brfst	Lunch	Snack	Brfst	Lunch	Snack	Brfst		Snack
Number of Meals Ordered																		
Meals Received or Prepared																		
Meals Leftover from the Previous Day																		
First Meals Served to Participants																		
Second Meals Served to Participants																		
Meals Served to Program Adults																		
Meals Served to Non- Program Adults																		
Total Meals Served																		
Total Damaged/ Incomplete Meals																		
Total Meals Leftover																		
Income from Adult Meals																		
Comments																		